



# Wisconsin Foundation Quarter Horse Association

## 2023 Membership Application

\*\*\*\* *Membership is DUE before showing at your first WIFQHA show of the year* \*\*\*\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (date of birth if youth ) \_\_\_\_\_

**Please list each member's name** (family memberships include family members living at home, under age 19. Also list the date of birth of children) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

***PLEASE NOTE THAT IN ORDER TO BE ELIGIBLE FOR WIFQHA YEAR END AWARDS, BOTH THE EXHIBITOR AND HORSE OWNER NEED TO BE WIFQHA MEMBERS.***

Yearly Membership

Make Checks Payable to: WIFQHA - Membership Expires on 12/31/2023

\_\_\_\_\_ Individual \$20

\_\_\_\_\_ Family \$50

\_\_\_\_\_ Owner \$20

\_\_\_\_\_ Lifetime individual \$120

\_\_\_\_\_ Family Lifetime \$250

Mail Memberships and Payments to:

Cindy Mense

147 Mill St.

Hixton, WI 54635

715-963-5582

**Lifetime Family** defined as member, spouse or significant other and children under 18 or 23 if still in college.

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Please X if you WANT to be snail mailed WIFQHA information. (Otherwise, Facebook, our website and email will be utilized to communicate with you)

\_\_\_\_\_ Please X if you do NOT want your information listed in the WIFQHA directory.

\_\_\_\_\_ Please X if you do NOT want any photos of yourself/family to be used in any WIFQHA publications or advertising displays.

**Please fill out form entirely as this is how we will contact you for different things throughout the year.**